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POST NASAL CATARRH.

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WILLIAM PORTER, M. D.,

ST. LOUIS, MO.

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By common consent the general term, catarrh, is used to denote a chronic inflammation of the mucous membrane of the nasal fossæ. The disease is almost always follicular in character, and often seemingly tends to chronicity from the beginning. The membrane is richly supplied with mucous, aciniform, glands, largest towards the pharynx, while the blood and nerve supply are abundant; so that the secreting power is great, especially when stimulated by chronic causes.

In all cases of long continuance, and in some of shorter duration, we must recognize a constitutional predisposition. Syphilis, struma, and repeated attacks of acute rhinitis in subjects of what we may call the catarrhal diathesis, are all factors which must be sought out.

Struma induces catarrh especially in children by destroying the systemic power of resistance, and so we find the mucous membrane, after the slightest irritation, takes on inflammatory action which speedily becomes chronic. In many of these cases there is also chronic follicular tonsilitis, and in some, thickening of the pharyngial membrane and partial or complete occlusion of the Eustachian tubes. When the secretions adhere to the surface of the nasal mucous membrane and form incrustations, ulceration not unfrequently results, and the condition is much more urgent.

The well known influence of syphilis on the mucous membrane of the pharynx and larynx is exerted in the nasal cavity. In the

inherited form, in addition to the want of constitutional vigor, there is often a mal-formation of part of the bony wall of the nares—sinking in of the bridge of the nose or increase in the height of the palatine arch for instance—and the already unhealthy membrane is encroached upon. Destructive inflammation and necrosis may follow in cases depending upon either acquired or inherited syphilis.

The catarrhal diathesis which we have mentioned is characterized by chronic relaxation of the mucous membrane of the pharynx —the soft palate and uvula are abnormally pendulous, and there is an atonic condition of the whole system. From the nasal cavities exudes a thick tenacious mucous, and there is a feeling of "stuffiness" and desire to "clear the throat" constantly present. This is most frequent in adult life, and common in those of advanced age. Bronchitis, dyspepsia and constipation often complicate these cases.

The local causes of catarrh are many. Whatever gives rise to to irritation and abnormal determination of blood to the parts may be a factor. A polyp, inhalations of dust, and repeated attacks of acute inflammation, are some of the many things productive of conditions which continue even after the predisposing cause is removed.

Acute catarrh receives little attention in the majority of cases, because of the natural tendency of such conditions to resolution. It is worthy of notice, however, for at least two reasons. Long continued attacks induce sensitiveness and tenderness of the mucous membrane, which favor the return of the disease from slight causes. Repeated attacks often leave hypertrophy of the glandular tissue, and an increase of the blood supply, constituting a tendency to chronic follicular inflammation.

The symptoms of acute catarrh are well known. Pain and sense of fullness referred to the frontal sinuses, with more or less fever, in which the whole system may participate, and a partial closure of the Eustachian and nasal ducts, characterize it at first. Soon a thin, watery fluid is discharged, which in a day or two becomes loaded with epithelial cells and corpuscles from the sub-epithelial connective tissue. These constituents at a later period undergo degenerative change, and an opaque flaky mass is formed.

The treatment of this stage is, first, to relieve the irritation, and second, to induce resolution. For the former indication the patient

may inhale thrice daily, or oftener, from a warm dry goblet, twenty drops of this mixture: ℞. Iodine, 3i., pot. iodidi, grs. x., ætheri, chloroformi, aa 3ss. The vapor from this often gives quick relief. For the second desideratum I have found nothing so generally useful as full free doses of carbonate of ammonia, not less than five grains each third hour, in combination in the most of cases with squills. I believe that the *rapid* exhibition of a diffusive stimulant and alkali will, when given early, relieve most of these cases. As the general system is often depreciated, it is well to follow in a few days with tonics.

Chronic catarrh is much more troublesome than the acute form. The symptoms are those of the acute stage, somewhat modified and without the febrile reaction There is a sense of weight and difficulty of nasal respiration with, it may be, an offensive odor and thick tenacious discharge containing pus and even blood. When the secretion adheres to the mucous membrane the watery parts of it evaporate, and a crust is formed which may produce erosions and ulcerations by mechanical irritation. The constant presence of adhering secretions, crusts, and the unhealthy condition of the membrane may so aggravate the ulcerative process that the periosteum may become involved and necrosis follow. Not the least of the complications of chronic catarrh is the pharyngitis, partly induced by the discharge from above trickling down behind the soft palate.

A direct examination of the nares is best made by Frankel's speculum and reflected light. A rude but effective nasal speculum may be made from a strong, long hair-pin, by holding it by the curved end horizontally, and bending two-thirds of the free ends down at a right angle. One-half of each end so bent is to be again turned back upon itself. These newly formed bows may be bent out from each other a little, which will make the instrument self-retaining, while the original bow being up, out of the way when the others are inserted, serves as a spring. This is certainly cheap, convenient, may be made to suit any case, and does not obstruct the light. Fair illumination may be had by fixing several pieces of candle of equal length to a saucer by means of the melted wax (or tallow). The combined light may be reflected by a small hand mirror. It is to be hoped that the simple instruments—the condensing lens, mirror and nasal speculum—needed for such an examination, will soon be found in every physician's office, but the rude ones described may answer in some cases when the others are not at hand.

The first thing seen in a typical case of catarrh, is the thickened and inflamed membrane over the inferior turbinated bone, which may so project as to almost, and in some cases altogether, close the passage. Beyond this, when the view is not obstructed, the folds of mucous membrane will be found covered with secretion, and sometimes overlaid with hard crusts. Enlarged follicles may be seen, causing the surface to appear rough and granular. On looking at the vault of the pharynx with the rhinoscope the Eustachian tubes may be found occluded and the glandular structure at the vault of the pharynx hypertrophied.

In the treatment of chronic catarrh four points must receive attention. (*a*) The constitutional condition is of first importance. In strumous patients, iodide of iron and cod-liver oil are generally indicated, while if the catarrh depends upon syphilis and there is much debility, give small doses of mercury after the manner of Mr. Keyes, or if an ulcer exist and the bones are implicated, iodide of potassium is indicated. In the catarrhal diathesis before mentioned, stimulating blennorrhetics accomplish much, such as ten grains of cubebs in syrup four times daily, with or without carbonate of ammonia. A pill containing zinci. sulph. gr. ¼, ext. nucis vom. gr. ½, ferri. sulph. et aloe, aa gr. i., may also be given night and morning if there is want of tone and dyspepsia.

(*b*) All local causes must be guarded against. Polypi should be removed, inhalations of dust and repeated acute attacks prevented, and thorough search made for necrosed bone or calcarious deposits which may exist.

(*c*) The parts should be kept well cleansed. The douche that has been so much used and abused, in a few cases has undoubtedly injured the middle ear as reported by Dr. Roosa and his disciples. However, there are few of our agents that have not been used unadvisedly, and so have done harm. I guard my patients with the following directions, and in whatever of experience I have had, have seen no case injured, and unless there is perforation of the tympanum I do not believe that in the most of cases liquid can be forced against the enclosed air, while if the tympanum is already injured it shows that there has been disease before. The solution should be weak and thorough—no particles left undissolved which, remaining in the nasal cavities, could produce irritation. It should be of at least the temperature of the blood, and the pressure must be very slight. A better means than the douche for cleansing the

parts is a syringe with a long, slender, slightly curved nozzle, closed at the end, with fine perforations on its convex side. A weak, warm solution of pinus canadensis and common salt, or if there is much odor, carbolic acid in two hundred times its weight in water, may be thrown gently against the parts and so dislodge any foul accretions.

(*d*) Local medication is important. Where there are ulcers they should be touched with a weak solution of nitrate of silver, or stimulated by iodoform if the surrounding parts are thickened. When the crusts continue to form I have had good results from touching the mucous membrane with twenty grains of chloral hydrate in an ounce of water. These remedies must be applied carefully and directly. It is not enough that the mucous membrane be indiscriminately splattered over. The points of disease must be found and touched. With a good light and a slender, flexible probe, around the end of which is wound a little absorbent cotton, the application may be made exactly—may be pressed against the affected surfaces. With care and a little experience, a physician may pass a probe into the different portions of the nares with no more trouble to himself or patient, than he would cause by touching the epiglottis with the laryngeal probe. A good astringent lotion, where such is needed, is a solution of from one to five grains each of the sulphates of zinc, iron and copper, in an ounce of water. It must be remembered, however, that no definite formula can be given for every case. The general direction of treatment may be indicated; the physician must adapt it to each case.

One of the great obstacles in the way of recovery is the thickened membrane over the turbinated bone before mentioned. This should be removed either by a sharp probe pointed bistoury, or, what is much better, by a ring knife with the cutting edge on the inside of the part opposite the handle. This is passed over the projecting mass and drawn out. Bleeding follows which, though copious, is never dangerous, and the parts heal in about ten days.

In conclusion, I would say that perseverance is a *sine qua non* in treating this disease. It is a condition which cannot be removed in a day or a week, but one that is by no means incurable—one that any physician can care for, and I believe that in a few years the general practitioner will treat such diseases as this with as much confidence and success as he now has in treating bronchitis or pneumonia.

500 N. 14th St.